

SAMPLE  
(Place School District or Agency Name Here)

**ELIGIBILITY NOTIFICATION LETTER  
DIRECT CERTIFICATION of ELIGIBILITY for FREE MILK  
BASED on RECEIPT of FOOD STAMP/CalWORKs/KinGAP/FDPIR BENEFITS**

Date:

Dear Parent/Guardian:

Each student listed below has been automatically approved for **FREE MILK** during the 2002-2003 school year based on his/her eligibility for Food Stamp, California Work Opportunity and Responsibility to Kids (CalWORKs), Kinship Guardianship Assistance Payments (KinGAP), or Food Distribution Program on Indian Reservations (FDPIR) benefits.

Student's Name	Student's Name

**You must notify the school when you are no longer receiving Food Stamp, CalWORKs, KinGAP, or FDPIR benefits.**

If all of your school-age children are listed above, and you still receive an eligibility application from the school, do not complete or return it to the school.

If you have children who are not eligible for Food Stamp, CalWORKs, KinGAP, or FDPIR benefits, or if you feel your child(ren)'s name should be included in the list above, you must complete an Application for Free and Reduced-Price Meals or Free Milk and return it to the school as soon as possible.

If you do not want your child(ren) to receive free milk or have any questions, please contact:

Name:

Agency:

Address:

City, State, Zip:

Phone:

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

This Institution is an Equal Opportunity Provider and Employer.